DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #: 7497

Thank you for your interest in becoming a sperm donor. The following three-part questionnaire has been developed to help us and potential recipients gain insight into your personal and family medical and social history.

PART I – DONOR GENERAL AND PSYCHOSOCIAL DESCRIPTION

These are questions about your general description, occupation, education, and personal characteristics.

PART II – DONOR'S FAMILY SOCIAL INFORMATION

This refers to your parents, siblings, and maternal/paternal grandparents. Please complete to the best of your knowledge. You may want to consult with these family members to complete the questions/statements that are unknown to you.

PART III – DONOR'S PERSONAL MEDICAL HISTORY

This refers to you, your immediate family, aunts, uncles and cousins and grandparents. Once again, you may need to consult with these other family members to answer questions that are unknown to you.

PART IV – DONOR AND FAMILY MEDICAL HISTORY

This page is a legal document, in which you verify that, to the best of your knowledge, your responses to the questions accurately reflect the past and current state of your personal and family health. It will be detached from the rest of the questionnaire and will remain confidential.

Please sign and date the statement on page 12.

INSTRUCTIONS FOR COMPLETING THIS FORM:

1. DO NOT USE PENCIL: USE BLUE OR BLACK INK
2. FORMS IN PENCIL WILL NOT BE ACCEPTED!
3. **Please answer *all* questions to the best of your ability by checking the appropriate boxes, circling the appropriate answer or providing written responses in the spaces provided.**
4. Do not put your name anywhere on this form, except your signature on page 12.
5. Do not list the city as place of birth for you or family members. List state only (or country if not US born).

PART 1A – DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION

1. Current Age: 25	2. Today's Date: 7-27-2011	3. Place of Birth (State or Country only): California

4. Mo./Yr of Birth: 12/1985	5. Height: 6ft	6. Weight: 185	7. Eye Color: brown	8. Hair Color: black

9. Hair (circle that apply): Balding Thin Average Thick Curly Wavy **Straight**   10. Freckles: **None** Few Numerous

11. Skin Color; Fair Medium Dark Olive **Light Brn** Reddish Brn **Med. Brn** Dark
Brn

12. Are you: **Left Handed** Right Handed Ambidextrous

13. Are you a twin? Yes **No** Are there twins in your family? Yes **No** If yes are they: Identical
Fraternal

14. Family Background: Race: ☐ Caucasian ☐ Black ☐ Asian ☒ Latin ☐ Middle Eastern ☐ Other

15. Mother's Ethnicity: 1. native Guatemala 2. spanish 3. portuguese 4.

16. Father's Ethnicity: 1. native Guatemala 2. spanish 3. 4.

17. Circle any group from which you descend: African **Mediterranean** Middle Eastern French/Canadian
Jewish Irish American Cajun

If Jewish, please circle one of the following: Asian Ashkenzai Sephardic

PART 1B – EDUCATION AND CAREER

1. Occupation: Student	2nd Occupation: researcher
2. What was your high school GPA? 3.6	3. Are you currently in college? **Yes** No

College/University GPA: 3.44	Degree: BSc	Major: Biology
Post Graduate GPA: —	Degree: MSc	Major: Ecology an Systematic Biology.

4. What are your career goals? to bea researcher / Proffesor at any university

PART 1C – PERSONAL CHARACTERISTICS

1. Math Skill Ability: medium

2. Mechanical Ability: good

3. Athletic Ability: good

4. Musical Ability: medium

5. Foreign Language Ability: good / excellent

6. Artistic Ability: low.

7. Special hobbies, talents and interests: I like to read, go hiking and play violin.

8. Favorite Sport: Soccer	9. Favorite Food: bayiti (turkish food)
10. Favorite Color: blue	11. Favorite Pet: dogs.
12. Favorite Movie: The godfather I	13. Favorite Book or Author: Gabriel Garcia-Márquez

14. Favorite Music and/or Group(s): Rock and roll / pink floyd; the beatles.

15. Where would you like to travel and why?
Middle east, because its ancient history and share the same religion with me.

Interviewer Comments: _____

PART 1C – PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality? quiet but happy.

2. Do you consider yourself to be more: ☒ Analytical/Rational or Intuitive/Feeling   ☒ Extrovert or Introvert   BOTH

3. Why do you want to be a donor?
I want to be a donor because I can help to create families. I also have the idea to adopt a child and this kind of things are related. It would be fantastic if I can help people to be happy and I can do it through this kind of programs.

4. Who do you most admire and why? My parents because they taught me the most importants things in my life and they have been constantly fighting for us and to be a better people.

PART 2 – DONOR'S FAMILY INFORMATION (Please Circle choices and/or complete)

1. Do you have any children?   Yes   (No)   If Yes, please complete the following below:

Age:_____   Sex:_____   Health Problems:_____

Age:_____   Sex:_____   Health Problems:_____

Age:_____   Sex:_____   Health Problems:_____

2. Have you been responsible for any other pregnancies?   Y (N) If yes, what year(s) did they occur? _____ _____ _____

3. DONORS FATHER	Yr of Birth: 1949	Place of Birth: Guatemala	Eye Color: brown	Hair Color: black

Describe Hair: Balding Thin Average Thick Curly (Wavy) Straight   Height: 5'8"   Weight: 200 lbs.

Complexion: Fair Medium Olive Light/Brown Medium/Brown Dark/Brown   Freckles: Yes No.

Bone Structure: Small Medium Large Very Large   Vision: Excellent Good Fair Poor

Occupation: taxes/lawyer   Education: 3rd. year of university (law school).

Special skills or characteristics: He has an excellent memory and capacity of analyze political issues.

List any past or present significant health problems: he had a stroke 3-4 months ago.

Is he more (circle one in each column): (Optimistic)/Pessimistic   (Assertive)/Passive   (Leader)/Follower   Easy Going/(Controlling)

4. DONOR'S MOTHER	Yr of Birth: 1960	Place of Birth: Guatemala	Eye Color: brown	Hair Color: black

Describe Hair: Balding Thin Average Thick Curly Wavy Straight   Height: 5'4"   Weight: 120 lbs.

Complexion: Fair Medium Olive Light/Brown Medium/Brown Dark/Brown   Freckles: Yes No.

Bone Structure: Small Medium Large Very Large   Vision: Excellent Good Fair Poor

Occupation: teacher / psycologist.   Education: Bachelor in Science

Special skills or characteristics: She likes to work with children with special abilities for learn.

List any past or present significant health problems: problems with high cholesterol.

Is she more (circle one in each column): (Optimistic)/Pessimistic   Assertive/(Passive)   (Leader)/Follower   (Easy Going)/Controlling

LF Interviewer Comments: F - stroke age 62, fully recovered, on blood pressure meds.
M - elevated cholesterol, no meds — diet + lifestyle related
Both parents in Guatemala, poor diet + sedentary lifestyle PER DONOR.

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5. DONOR'S SIBLING (M) F	Half- Sibling ☐	Yr of Birth: 1982	Eye Color: brown	Hair Color: black

Describe Hair: Balding Thin Average Thick Curly (Wavy) Straight   Height: 5'9"   Weight: 215 lbs.

Complexion: Fair   Medium   Olive   Light/Brown   <u>Medium/Brown</u>   Dark/Brown   Freckles: Yes <u>No</u>

Bone Structure: Small Medium <u>Large</u> Very Large   Vision: <u>Excellent</u> Good Fair Poor

Occupation: Microbiologist.   Education: B.Sc. in microbiology.

Special skills or characteristics: smart

List any past or present significant health problems: asthma.

Is (s)he more (circle one in each column): Optimistic/(Pessimistic)   (Assertive)/Passive   (Leader)/Follower   Easy Going/(Controlling)

6. DONOR'S SIBLING M (F)	Half- Sibling ☐	Yr of Birth: 1983	Eye Color: Brown	Hair Color: black

Describe Hair: Balding Thin Average Thick Curly Wavy <u>Straight</u>   Height: 5'7"   Weight: 150 lbs.

Complexion: Fair   Medium   Olive   Light/Brown   <u>Medium/Brown</u>   Dark/Brown   Freckles: Yes <u>No</u>

Bone Structure: Small <u>Medium</u> Large Very Large   Vision: <u>Excellent</u> Good Fair Poor

Occupation: Student / Sheriff   Education: School of Law.

Special skills or characteristics: excellent in handling several things at the same moment.

List any past or present significant health problems: asthma acquired two years ago

Is (s)he more (circle one in each column): (Optimistic)/Pessimistic   Assertive/(Passive)   Leader/(Follower)   (Easy Going)/Controlling

7. GRANDPARENTS (Please circle only one for appropriate columns)

	Place of Birth	Living/Age	Hair Color	Eye Color	Health Is:	Deceased/Age	Cause of Death	List any Health Problems:
MGM	Guatemala	78 y. old	black	brown	G (F) P			~~because~~ error DONOR cataracts
MGF	Guatemala		brown	brown	G F P	1974/38 y.o.	car accident	
PGM	Guatemala		black	brown	G F P	2005/87 y.o.	Natural	
PGF	Guatemala		black	black	G F P	1985/91 y.old	natural	

PART 3 – DONORS PERSONAL MEDICAL HISTORY (Please circle choice)

1. What is your general state of health?   (Excellent)   Good   Fair   Poor

2. Do you have any current problems with any of the following?   ☐ No   ☐ yes   (circle all that apply):

Skin   Mouth   Ears   Throat   Breasts   Lungs   Heart   Stomach   Intestines   Kidney   Bladder   Nervous System   Blood

Eyes   Bowel   Liver   Bones   Muscles   Blood Vessels   Immune System   Endocrine system   (nails)

3. Have you ever been hospitalized?   ☐ Yes   ☒ No   If yes, please explain:

Interviewer Comments: _____

4F _____ nail fungus, treated with antifungal medication in past.

Pacific Reproductive Services

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65 N. Madison Ave. Suite 610
Pasadena, CA 91101
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Email: info@pacrepro.com

ADDITIONAL SIBLINGS   Donor ID #: __7497__

DONOR'S SIBLING M (F)	Half- Sibling ☒	Yr of Birth: 1974	Eye Color: brown	Hair Color: black

Describe Hair: Balding Thin Average Thick Curly (Wavy) Straight   Height: 5'5"   Weight: 140lbs.

Complexion: Fair Medium Olive Light/Brown <u>Medium/Brown</u> Dark/Brown   Freckles: Yes (No)

Bone Structure: <u>Small</u> Medium Large Very Large   Vision: Excellent (Good) Fair Poor

Occupation: Mother   Education: High School

Special skills or characteristics: caving

List any past or present significant health problems: none

Is (s)he more (circle one in each column): (Optimistic)/Pessimistic   Assertive/(Passive)   Leader/(Follower)   (Easy Going)/Controlling

DONOR'S SIBLING M (F)	Half- Sibling ☒	Yr of Birth: 1976	Eye Color: Brown	Hair Color: black

Describe Hair: Balding Thin Average Thick Curly Wavy <u>Straight</u>   Height: 5'7"   Weight: 140lbs.

Complexion: Fair <u>Medium</u> Olive Light/Brown <u>Medium/Brown</u> Dark/Brown   Freckles: Yes (No)

Bone Structure: Small <u>Medium</u> Large Very Large   Vision: <u>Excellent</u> Good Fair Poor

Occupation: Worker/childcare   Education: High school.

Special skills or characteristics: easy going

List any past or present significant health problems: none

Is (s)he more (circle one in each column): Optimistic/(Pessimistic)   Assertive/(Passive)   Leader/(Follower)   (Easy Going)/Controlling

DONOR'S SIBLING (M) F	Half- Sibling ☒	Yr of Birth: 1977	Eye Color: green	Hair Color: brown

Describe Hair: Balding Thin Average Thick Curly Wavy Straight   Height: 5'6"   Weight: 150lbs.

Complexion: Fair Medium Olive <u>Light/Brown</u> Medium/Brown Dark/Brown   Freckles: Yes (No)

Bone Structure: Small <u>Medium</u> Large Very Large   Vision: (Excellent) Good Fair Poor

Occupation: Driver (bus driver)   Education: High school.

Special skills or characteristics:

List any past or present significant health problems: none

Is (s)he more (circle one in each column): Optimistic/(Pessimistic)   Assertive/(Passive)   Leader/(Follower)   Easy Going/(Controlling)

Interviewer Comments: _____

_____

_____

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ADDITIONAL SIBLINGS   Donor ID #: **7497**

DONOR'S SIBLING M (F)	Half- Sibling ☐	Yr of Birth: 1987	Eye Color: Brown	Hair Color: black

Describe Hair: Balding Thin Average Thick Curly Wavy <u>Straight</u>   Height: 5'7"   Weight: 120 lbs.

Complexion: Fair Medium Olive <u>Light/Brown</u> Medium/Brown Dark/Brown   Freckles: Yes (No)

Bone Structure: Small <u>Medium</u> Large Very Large   Vision: <u>Excellent</u> Good Fair Poor

Occupation: Teacher   Education: College

Special skills or characteristics: outgoing, focused

List any past or present significant health problems: none

Is (s)he more (circle one in each column): Optimistic/(Pessimistic) (Assertive)/Passive (Leader)/Follower Easy Going/(Controlling)

DONOR'S SIBLING M (F)	Half- Sibling ☐	Yr of Birth: 1991	Eye Color: brown	Hair Color: black

Describe Hair: Balding Thin Average Thick Curly Wavy <u>Straight</u>   Height: 5'7"   Weight: 230 lbs.

Complexion: Fair Medium Olive <u>Light/Brown</u> Medium/Brown Dark/Brown   Freckles: Yes (No)

Bone Structure: Small Medium <u>Large</u> Very Large   Vision: <u>Excellent</u> Good Fair Poor

Occupation: Student   Education: college

Special skills or characteristics:

List any past or present significant health problems: (O)verweight

Is (s)he more (circle one in each column): Optimistic/(Pessimistic) (Assertive)/Passive Leader/(Follower) Easy Going/(Controlling)

DONOR'S SIBLING M F	Half- Sibling ☐	Yr of Birth:	Eye Color:	Hair Color:

Describe Hair: Balding Thin Average Thick Curly Wavy Straight   Height: Weight:

Complexion: Fair Medium Olive Light/Brown Medium/Brown Dark/Brown   Freckles: Yes No

Bone Structure: Small Medium Large Very Large   Vision: Excellent Good Fair Poor

Occupation: Education:

Special skills or characteristics:

List any past or present significant health problems:

Is (s)he more (circle one in each column): Optimistic/Pessimistic Assertive/Passive Leader/Follower Easy Going/Controlling

Interviewer Comments: _____

_____

_____

PART 3 – DONORS PERSONAL MEDICAL HISTORY Cont'd

4. Have you ever had surgery for (including but not limited to un-descended testicle(s), hernia, pelvic, bladder or abdominal)

☐ Yes   ☒ No   If yes please provide the following information:

Year   Hospital   Type of Problem/Surgery

_____ _____   _____

_____ _____   _____

_____ _____   _____

5. Do you have any allergies to drugs, food, or environment, such as hay fever?   ☒ Yes   ☐ No   ☐ Unsure

6. Are you taking any non-prescription medications, including vitamins?   ☒ No   ☐ Yes   Please list any you are currently taking and for how long.

7. Are you taking any prescription medications?   ☒ No   ☐ Yes   Please list any you are currently taking and for how long.

8. Do you use any performance enhancing drugs, including steroids?   ☐ Yes   ☒ No   If so, please list:

9. Do you wear glasses?   ☐ Yes   ☒ No   How is your vision w/o glasses?   (Excellent) Good Fair Poor

10. Are you: ☐ Nearsighted   or   ☐ Farsighted   Your vision is: 20/ 20   ☐ Unsure

11. Do you have any hearing problems?   ☐ Yes   ☒ No   If yes, please explain:

12. What is the condition of your teeth? Excellent Good (Fair) Poor │ How is your diet? (Good) Fair Poor Vegetarian

13. Do you exercise: 4 or more times per week   (1-3 times per week)   Never/almost never

14. Describe your exercise routine: Running 1-2 times p/week around 3/4 miles.

15. Have you ever had a serious or prolonged illness?   ☐ Yes   ☒ No   If yes, please explain:

16. Do you take hot baths, hot tubs, saunas or steam baths?   ☐ Daily   ☒ Weekly   ☐ Infrequently

17. Do you use any of the following?   ☐ Yes   ☒ No   If yes, please complete the following Information:

	Frequency of Use	Last Time Used		Frequency of Use	Last Time Used
Marijuana			Hallucinogens		
Psychiatric Meds			Anti-depressants		
Cocaine			Tranquilizers		
Narcotic Pain Killers			Amphetamines		
Barbiturates			Other_____		

18. Do you smoke? ☐ Yes ☒ No │ How long have you smoked? │ If yes how many per day?

19. Do you drink coffee? ☒ Yes ☐ No │ If yes, how many cups per day?   ≈ 3-4 cups per week │ How many alcoholic drinks do you consume in a week? ___ Per Month? ___

Have you ever had a major radiation exposure or x-ray exposure, including in your line of work?   ☐ Yes   ☒ No

If yes, please explain:

Interviewer Comments: 5. MILD Seasonal Allergies · no meds

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21. Have you ever been exposed to significant amounts of the following in your living environment, work or hobbies: ☒ Yes ☐ No

If yes:	Type	When	How Often	For How Long
Toxic Chemicals	MS222; chloretone	6 months ago	1-3 x per mo.	2 days
Drugs				
Pesticides				
Fumes/Exhaust/ Gases				
Flea Powder/Sprays	formaline	6 months ago	1-3 x per mo.	2 days
Lead Products				
Asbestos Products				
Herbicidal Products				

PART 4 – DONOR AND FAMILY MEDICAL HISTORY

Please indicate how many of each of the following relatives you have:

Sibling-Brother	1	Aunt-Maternal	0	Cousin-Maternal-Female	8
Sibling-Sister	3	Aunt-Paternal	4	Cousin-Maternal-Male	8
Half-Brother	1	Uncle-Maternal	3	Cousin-Paternal-Female	2
Half-Sister	2	Uncle-Paternal	3	Cousin-Paternal-Male	4

Are there any known genetic diseases that run in your family? ☐ Yes ☒ None Known

Please indicate which of the following medical problems you or your blood relatives have had to the best of your knowledge. Please check "No One" for each medical problem listed above which has not affected your or any of your family members.

	Medical Problem	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
					Sibling		Grandparents				Aunts/Uncles		Cousins		
A	**Birth Defects**														
1	Cleft Lip, palate														✓
2	Club Feet														✓
3	Extra fingers and toes														✓
4	Down Syndrome														✓
5	Mental Retardation														✓
6	Unexplained infant or childhood deaths														✓
7	Multiple family members with same trait disease														✓
8	Individuals much shorter/taller than rest of family														✓
9	Individuals who look unusual or different														✓
10	Multiple miscarriages														✓
11	Stillbirths														✓
12	Other birth defects (even if correctable)														✓

Interviewer Comments: _____

LF 21.) DONOR REPORTS MINIMAL EXPOSURE TO CHEMICALS/FUMES WHILE DOING BIOLOGICAL FIELD WORK IN GUATEMALA ~ 3 MOS.

Donor ID# 7497

	Medical Problem	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
B	**Skin Problems**				Sibling		Grandparents				Aunts/Uncles		Cousins		
1	Adult Acne (not teen pimples)					X									
2	Eczema														✓
3	Psoriasis														✓
4	Skin Cancer (Melanoma)														✓
5	Skin Cancer (Basal Cell Carcinoma)														✓
6	Other Skin disorders														✓

	Medical Problem	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
C	**Sight/Sound/Smell**				Sibling		Grandparents				Aunts/Uncles		Cousins		
1	Deafness before age 60														✓
2	Significant hearing loss														✓
3	Deformity of the ear														✓
4	Strabismus														✓
5	Cataracts before age 60														✓
6	Macular Degeneration														✓
7	Blindness														✓
8	Color Blindness														✓
9	Glaucoma														✓
10	Anosmia (Lack of Smell)														✓
11	Other sight/sound/smell disorders														✓

	Medical Problem	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
D	**Mental or Neurological**				Sibling		Grandparents				Aunts/Uncles		Cousins		
1	Migraines		X												
2	Senility before 50														✓
3	Alzheimer's diseases (age of onset)														✓
4	Parkinson's														✓
5	Multiple sclerosis														✓
6	Cerebral palsy														✓
7	Autism/Mental Retardation														✓
8	Epilepsy or seizure														✓
9	Stroke			X											
10	Progressive Muscular Disorders														✓

Interviewer Comments: _____

SISTER: DONOR REPORTS MILD ACNE, USES TOPICAL MED.

MOTHER: MIGRAINES, ONSET IN 40's ON MEDS AS NEEDED

FATHER: STROKE AGE 62. FULL RECOVERY. ON BLOOD PRESSURE MEDS.

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D	Medical Problem	You	M	F	Sibling M	Sibling F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
	Mental or Neurological Cont'd														
11	Learning Difficulties/ Special Ed/Speech Delay														\
12	Sleep Disorders														\
13	Attention Deficit Hyperactivity Disorder (ADHD)														\
14	Hydrocephalus (Fluid on the brain)														\
15	Disorder of the spinal cord														\
16	Huntington's disease														\
17	Degenerative Nerve Disorders														\
18	Neurofibromatosis														\
19	Neural tube defect														\
20	Other diseases of the nervous system														\

E	Medical Problem	You	M	F	Sibling M	Sibling F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
	Heart Problems or Circulatory														
1	Heart defects at birth														\
2	Heart disease														\
3	Heart attack (age of onset)														\
4	High Cholesterol		X	X											
5	High Blood Pressure														\
6	Cardiomyopathy														\
7	Sudden Death														\

F	Medical Problem	You	M	F	Sibling M	Sibling F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
	Blood Problems														
1	Anemia														\
2	Sickle-Cell anemia														\
3	Hemophilia or other bleeding problems														\
4	Polycythemia														\
5	Blood Clots														\
6	Other blood disorder														\

G	Medical Problem	You	M	F	Sibling M	Sibling F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
	Respiratory (Lungs)														
1	Hay Fever														\
2	Asthma				X	X									

LF

Interviewer Comments: _____

M + F - ELEVATED CHOLESTEROL - DIET/LIFESTYLE RELATED
FATHER ON MEDS, MOTHER MANAGES BY DIETARY CHANGES,
BROTHER/SISTER - ASTHMA, USE INHALERS AS NEEDED
(EXERCISE INDUCED)

Donor ID# 7497

	Medical Problem	You	M	F	Sibling M	Sibling F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Aunts/Uncles A	Aunts/Uncles U	Cousins M	Cousins F	None Known
G	**Respiratory (Lungs) Cont'd**														
3	Tuberculosis														✓
4	Lung cancer														✓
5.	Emphysema or Chronic Lung Disease														✓
6	Other lung disease														✓

	Medical Problem	You	M	F	Sibling M	Sibling F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Aunts/Uncles A	Aunts/Uncles U	Cousins M	Cousins F	None Known
H	**Metabolic, Endocrine, or Autoimmune**														
1	Type I Diabetes (Insulin Dependent, Juvenile Onset)														✓
2	Type II Diabetes (Adult Onset)														✓
2	Thyroid cancer														✓
3	Thyroid disease														✓
4	Goiter														✓
5	Adrenal dysfunction or disorder														✓
6	Other														✓

	Medical Problem	You	M	F	Sibling M	Sibling F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Aunts/Uncles A	Aunts/Uncles U	Cousins M	Cousins F	None Known
I	**Gastro-intestinal Problems**														
1	Ulcer or stomach or duodenum														✓
2	Gallstones														✓
3	Other liver disease														✓
4	Colon cancer														✓
5	Intestinal cancer														✓
6	Ulcerative colitis														✓
7	Crohn's disease														✓
8	Any other disease/problem of digestive system														✓

	Medical Problem	You	M	F	Sibling M	Sibling F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Aunts/Uncles A	Aunts/Uncles U	Cousins M	Cousins F	None Known
J	**Urinary Problems**														
1	Kidney disease														✓
2	Bladder Cancer														✓
3	Kidney Cancer														✓
4	Other disease of the Urinary tract (urethra, bladder, ureter)														✓
5	Other, including born with one kidney or kidney failure														✓

Interviewer Comments:_____

Donor ID# 7497

	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		None
K	**Problems of the Genital or Reproductive System**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	Known
1	Abnormally placed urethra (Hypospadius)														✓
2	Premature Menopause or Ovarian Failure														✓
3	Fragile X Syndrome														✓
	Multiple Miscarriages														✓
3	Uterine fibroids														✓
4	Ovarian cysts		X												
5	Cancer of cervix, ovaries or uterus														✓
6	Ambiguous genitals (hermaphrodite)														✓
7	Other														✓

	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		None
M	**Cancers**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	Known
1	Early onset cancer (before age 50)														✓
2	Breast cancer														✓
3	Ovarian Cancer														✓
4	Colon Cancer														✓
5	Lung Cancer														✓
6	Brain Cancer														✓
7	Prostate Cancer														✓
8	Pancreatic Cancer														✓
9	Leukemia														✓
10	Lymphoma														✓
11	Any family member with more than one type of cancer														✓
12	Other cancer (Describe)														✓

	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		None
L	**Mental Health Problems**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	Known
1	Schizophrenia														✓
2	Manic-depressive illness (Bi-Polar)													X	
3	Other mental health disorder requiring hospitalization														✓
4	Severe depression with period of inability to function														✓

LF

Interviewer Comments: _____

M - OVARIAN CYSTS, RESOLVED IN 40'S

PATERNAL COUSIN - IN 30'S MARRIED W KIDS, ON MEDS.
HIGH FUNCTIONING & HOSPITALIZATIONS. NO OTHER FAMILY
MEMBERS WITH ANY MENTAL HEALTH ISSUES.

Donor ID# 7497

N	Problems of the Muscle, Bones, or Joints	You	M	F	Sibling M	Sibling F	Grandparents Maternal GM	Grandparents Materna GF	Grandparents Paterna GM	Grandparents Paterna GF	Aunts/Uncles A	Aunts/Uncles U	Cousins M	Cousins F	None Known
1	Muscular dystrophy														✓
2	Degenerative Muscle Disorders														✓
3	Lupus														✓
4	Scoliosis														✓
5	Spina bifida														✓
6	Osteoporosis														✓
7	Arthritis (rheumatoid osteo, unknown type)														✓
8	Gout														✓
9	Other muscoskeletal disease														✓
10	Other chronic muscle disease														✓

O	Other Disorders	You	M	F	Sibling M	Sibling F	Grandparents Maternal GM	Grandparents Materna GF	Grandparents Paterna GM	Grandparents Paterna GF	Aunts/Uncles A	Aunts/Uncles U	Cousins M	Cousins F	None Known
1	Alcoholism														
2	Drug abuse, misuse, or addiction														✓
3	Tay-Sachs														✓
4	Canavan Disease														✓
5	Cystic Fibrosis														✓
6	Gaucher's disease														✓
7	Familial Dysautonomia														✓
8	Bloom syndrome														✓
9	Fanconi anemia group C														✓
10	Glycogen storage disease type 1a														✓
11	Maple syrup urine disease														✓
12	Mucolipidosis type IV														✓
13	Niemann-Pick disease														✓
14	Huntington's chorea														✓
15	Marfan's disease														✓
16	Gulliam-Barre														✓
17	Wilson's disease														✓
18	Adverse Reaction to Medications														✓
19	Diagnosis of any known genetic syndrome														✓
20	Missing teeth (from birth)														✓
21	Any other condition not previously mentioned														✓

Interviewer Comments: _____

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